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ABSTRACT

This paper introduces important issues in the psychological and vocational assessment of Native Americans in schools, mental health clinics, counseling centers, and rehabilitation programs. A primary concern is to conduct such assessment in a fair and unbiased manner. Various methods are used to gather information: interviewing the client, family members, and acquaintances; reviewing client records; observing the client in real-life situations; and using norm-referenced or criterion-referenced tests. Specialist evaluations include medical, psychological, social, educational, and vocational assessment. Aspects of vocational assessment are work evaluation, work adjustment strategies, and job tryouts. Psychological assessment may be based on an etic perspective, which emphasizes universals among human beings, or an emic (culture-specific) perspective. Strategies and difficulties in using these perspectives with Native Americans are discussed. The assessment of acculturation to the general U.S. society is an important first step before using standardized tests or procedures. General issues in assessment of Native Americans include language differences and reading level, nonverbal communication, client beliefs and mistrust, evaluator-client similarity, client acculturation, translation of tests, and potential bias in standardized tests. Cultural issues in clinical diagnosis and personality assessment are discussed, and various instruments are described: projective instruments, inkblot and figure drawing techniques, and standard personality inventories. Also discussed are assessments of alcohol usage; intelligence and cognitive functioning; and interests, abilities, and aptitudes. Contains 58 references. (SV)

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Psychological and Vocational Assessment of Native Americans

The purpose of this paper is to provide an introduction to the most important issues involved in the psychological and vocational assessment of Native American clients in schools, mental health clinics, counseling centers, and rehabilitation programs. A primary concern is to describe how such assessment can be conducted in a fair and unbiased manner. Many people think that psychological and vocational tests are biased against members of certain racial, ethnic, and cultural groups. It is true that most standard tests were designed for use with people of European-American heritage, and are not automatically appropriate for use with members of other groups. Once it was estimated that 90% of all psychologists in the world are from Europe or the United States (Sundberg & Gonzales, 1981).

Obviously, the potential for discrimination against members of ethnic groups exists in testing, but that potential is not in itself a defect in the tests. Tests are simply tools. They are designed for specific purposes and cannot be biased in themselves, as they have no feelings or intentions. Only people can be biased. A person who uses a test that is inappropriate for a particular client is behaving improperly and unprofessionally, and thus could be guilty of bias. The bias could be deliberate or due to ignorance. At any rate, it would be the person who was biased, not the test.

The main purpose of this paper is to demonstrate that Native American clients can be assessed in an unbiased way if the examiner understands the issues involved, seeks to avoid bias, and has the best interests of the client at heart. The prime directives of vocational and psychological examiners must be, first, to do no harm, and second, to conduct assessment only in a manner that helps the client. Understanding the issues relevant to the assessment of

Native Americans will help examiners avoid unintentional bias in the administration and interpretation of tests.

Several excellent books are available that address multicultural assessment in general, with many references to Native Americans (Dana, 1993; Ponterotto, Casas, Suzuki, & Alexander, 1995; Suzuki, Meller, & Ponterotto, 1996). Examiners who are interested in going beyond the basic concepts presented in this paper should read these and other books (and journals) to reach a fuller understanding of all the issues involved in multicultural assessment.

Regarding terminology, in this paper the assessment professional is referred to as the *evaluator* or *examiner*. Sometimes the evaluator is also the client's counselor, but not always. The term *multicultural* refers to differences based upon race, ethnicity, and nationality. The term *Native Americans* is used to refer to the indigenous peoples of the United States, including Alaska Natives, and their living descendants.

Types of Assessment

Methods of Gathering Information

Assessment is the process of collecting information to help clients make decisions about their own lives. Regarding multicultural clients, probably too much emphasis has been placed on the use of standardized tests. Tests are just one way of gathering information about a client. Tests yield quantitative information, which should be combined with the qualitative information provided by other assessment methods. Because the goal of assessment is to obtain a comprehensive understanding of the client's functioning, information about clients can and should be gathered in a wide variety of ways.

Interview the Client

Talking to the client is one obvious source of information. An interview can reveal the client's values, interests, goals, and resources. The interviewer can also ask about the client's health, job history, social supports, and limitations due to disabilities. By engaging the client in a conversation, the interviewer can get a sense of the client's interpersonal style and personality. Observation of the client's nonverbal behavior can also yield valuable clues regarding the client's comfort with people. A skilled interviewer should be able to determine whether the client needs a psychological evaluation to assess potential psychological problems.

A limitation of interviewing is that the client may hide information that might be seen as negative. In addition, in cross-cultural interviews (where the interviewer has a different cultural background from the client), miscommunication can occur easily. Several papers describe special considerations regarding interviewing and counseling Native Americans (Thomason, 1996, 1994a, 1994b). An extended period of time spent building rapport may be necessary, and extremely intrusive or intimate questions should be avoided. The interviewing and assessment process should not proceed until a good working relationship is established.

Talk to People Who Know the Client

Assuming that the evaluator has the client's permission, it can be extremely helpful to talk to people who know the client, including family members, friends, and co-workers. They can add a valuable perspective, as they have known the client a long time and may have a very realistic view of the client's interests, goals, skills, and limitations. Keep in mind that friends and family may have a tendency to either minimize or exaggerate the client's

abilities. When talking to people who know the client, the evaluator should emphasize that the only goal is to help the client make a good decision.

Review the Client's Records

Again assuming that the evaluator has the client's permission, the evaluator should get as many records on the client as possible, including medical reports, school records, and work evaluations. This takes some extra effort, but the information gained can save time later, as it may make some aspects of assessment unnecessary. For example, if the client has an excellent school record, it may not be necessary to assess intelligence, reading level, or some other basic skills. If the medical report cautions that the client should not bend from the waist or lift heavy objects, certain vocational aptitude tests can be eliminated. Workplace performance evaluations may emphasize the client's good work habits and interpersonal relations, making further evaluation of these traits unnecessary. The evaluator may discover that the client has not had a certain type of evaluation that definitely should be conducted, such as a medical examination.

Observe the Client

It is often helpful to observe the client in real-life situations, such as at home, in the classroom, or on the job. This can provide information that would not be available in the artificial situation of an interview. How does the client interact with other people? How assertive is the client? Does the client behave appropriately given the situation? Does the client appear to be active, interested, and competent, or do certain problems become apparent? The non–Native American evaluator will obviously need some familiarity with Native American culture and the client's specific tribe to make valid judgments about what is appropriate behavior and what may be problematic behavior, both in the client's living situation and in the work world.

After gathering information using the methods described above, it may not be necessary to conduct any further assessment using tests. However, if the evaluator still has specific questions regarding what the client can do or whether the client has specific psychological problems that should be addressed, testing may be appropriate.

Use Norm-Referenced Tests

These are tests that compare the client's performance to the performances of a large number of other people. For example, a norm-referenced reading test can indicate whether the client can read at a certain grade level. A norm-referenced vocational interest test can determine whether the client's interest level in carpentry is similar to that of employed carpenters.

Many psychological tests are norm-referenced. Because they compare the client's score to how people in the general population score, they may or may not provide useful information, depending on the reason for the evaluation. Only tests that include the client's cultural group in the norm group should be used. Even then, caution is necessary, because we know that some cultural groups score artificially high on certain tests, potentially leading to inaccurate results.

The Minnesota Multiphasic Personality Inventory (MMPI) is an example of a norm-referenced psychological test. Because they are complex, only trained psychological examiners are allowed to administer and interpret psychological tests. When a client is referred for a psychological evaluation, the referring party should be sure to tell the examiner the specific reasons for the evaluation, and the questions it is hoped the evaluation will answer.

Use Criterion-Referenced Tests

These tests compare the client's performance to an absolute standard of performance. For example, a criterion-referenced typing test can reveal

whether the client has the speed and accuracy necessary to work as a typist in a typical office setting. This type of test is especially useful in measuring the client's vocational aptitudes. The General Aptitude Test Battery (GATB) is another example of a commonly used criterion-referenced test. The results of such a test can help clients develop a clear understanding of their own abilities and aptitudes, so they are more likely to make a rational vocational choice.

Special Types of Assessment

Depending on the reason for evaluating a particular client, the examiner may need to refer the client for specialist evaluations in several areas:

1. A *medical assessment* is conducted by physicians and related medical specialists to evaluate the client's physical capacity, general health, vision, hearing, speech, perceptual-motor functioning coordination, and dexterity.

2. A *psychological assessment* is conducted by psychologists and psychological examiners to evaluate the client regarding intelligence, mental disorders, personality style, learning disabilities, and neuropsychological functioning. They can also evaluate the client's vocational interests, aptitudes, and abilities, as can many Master's-level school, community, and mental health counselors.

3. A *social assessment*, conducted by a social worker, evaluates the client's family background, current social functioning, independent living skills, and adaptive behavior in a variety of social situations.

4. An *educational assessment* by school psychologists and school counselors can evaluate the client's educational history, levels of accomplishment, learning disabilities, and functional academic skills.

5. A *vocational assessment* can be conducted by counselors, vocational evaluators, rehabilitation counselors, or psychologists; it can measure the

client's interests, aptitudes, and abilities. Vocational assessment can include a records review, interviewing, paper-and-pencil questionnaires and tests, hands-on tests like the GATB, work samples like the Valpar work sample system, situational assessment, and job tryouts.

Types of Vocational Assessment

Several general approaches are used in vocational assessment:

1. A *work evaluation* includes the following methods of gathering information: (a) Interviewing the client helps to identify the client's interests, work history, and goals for the future. (b) Standardized vocational tests measure the client's interests, aptitudes, and abilities. (c) Work samples and job samples are simulated tasks not limited to one job. The Valpar is an example of a work sample system that measures general aptitudes (such as sorting small items by size or guiding a ball through a wooden maze using hand and foot controls). Job samples are models of a specific job and involve using the tools of the trade and standards associated with that job (such as typing, sorting mail, or small engine repair). (d) A situational assessment is a real or simulated work environment that is set up to observe the client's work personality and performance in a sheltered work program or in an actual job.

2. *Work adjustment* can be achieved using several approaches: (a) The engineering approach focuses on modifying the worker or the work place. For example, it may include modifying the physical layout or location of the work, providing assistive devices for the client, restructuring job processes, or modifying machines or equipment so the client can operate them.
(b) Counseling may be necessary to help the client develop a positive self-image, relate appropriately to co-workers, and change inadequate work behaviors. (c) Instruction involves teaching clients about proper work

attitudes and interpersonal behavior. (d) The situational approach involves modifying inappropriate behaviors by using a work environment, such as a sheltered workshop, to help clients improve gradually in work requirements related to quantity, quality, and speed of performance.

3. *Job site evaluations* or *job tryouts* occur when the client is placed in a real job and observed while actually working. If a client has a specific, realistic vocational interest and appears to be capable of performing the job, it may be worth placing the client into a real job without extensive vocational evaluation. If the client is successful, everyone is happy, and if the client is not successful, a more detailed evaluation can be conducted. A danger of this streamlined process is that employers may be less willing to take clients in the future if they think that clients were placed with them without adequate preparation.

Types of Psychological Assessment

Psychologists have traditionally preferred an etic perspective (which emphasizes the universals among human beings) versus an emic (culture-specific) perspective. The etic approach assumes that human beings are similar in their psychological characteristics all over the world, and it is true that there are many commonalties in basic emotions, ways of thinking, and personality styles. Even though the basic types of psychological disorders may be universal (such as anxiety and depression), the symptoms and manifestations of the disorders can vary among different cultures (Grieger & Ponterotto, 1995).

Norm-referenced tests are generally based on the etic perspective, as they compare the client's performance to the performance of a large group of people (the norm group). It is difficult to generalize about the composition of norm groups because every test has its own norm group that was assessed in

the development phase of the test. However, the norm group never includes representatives of all the cultures on the earth. Tests developed in the United States usually include in their norm group many members of the general population plus members of several ethnic minority groups in proportion to their population in the country. Theoretically, it is appropriate to use tests that include ethnic minorities in the norm group with members of those groups.

Tests based on the emic perspective would compare a client's performance only to other people in the same culture. Psychological tests could be developed specifically for Native Americans. However, there are several difficulties with this approach, as there are more than 500 tribes, which vary in values, lifestyles, and traditions (and Native Americans differ in the degree of their identification with their tribe). Another complication is that many Native Americans have mixed cultural heritage, and may identify with more than one tribe, or with a tribe and a non-Indian cultural group. Many tribes are so small that it would not be economically feasible for test developers to produce specific tests for them. And even if this were done, a score on a tribe-specific test would only reveal how the client compared to the norm group of other tribal members. Usually more general information is needed, especially in vocational evaluation, because the client is likely to be competing with non–Native Americans for jobs.

Another approach is to use standard tests, but to develop local norms over time by accumulating data about how tribal members tend to score. Then standard intelligence, personality, and other psychological tests could be used, but the client's score would only be compared to the client's fellow tribal members. In some cases this information would be useful, so it is a good idea to establish tribal norms (or reservation norms) if possible. However, people

and groups change over time, so it would be necessary to update the norms regularly.

An example of a tribe-specific vocational interest test is the Reservation/Rural Vocational Interest Inventory (Horan & Horan, 1992), which was developed to assess the vocational interests of Navajos. The inventory includes only jobs that the test developers considered to be the most realistic and readily available for Navajo people who live on or near the Navajo reservation. This interest inventory shows promise for use with this group, if reliability and validity studies are conducted and norms are established. Similar tribe-specific tests could be developed to evaluate other vocational and psychological dimensions. Unfortunately, at this time there are very few Native American culture-specific tests available with any degree of reliability and validity.

In vocational assessment, criterion-referenced tests are more useful than norm-referenced tests. It is more important to know if the client can meet a certain absolute standard of performance (for example, in typing or writing) than it is to know how the client compares to the performance of other people who took the same test. On the other hand, most psychological tests are norm-referenced, and thus have no absolute standards for performance. The client's performance on an intelligence or personality test is compared to how other people in the norm group scored on the same test. This means that great caution is necessary to interpret the results of tests given to members of ethnic minority groups, including Native Americans.

Assessment of Acculturation

Acculturation refers to the learning and adaptation that occurs when Native Americans are exposed to the general U.S. culture (Padilla, 1980).

Specific individuals may resist such adaptation, promote it, or try to ignore it. Older Native Americans who live in rural or reservation areas tend to be the least acculturated, and young Native Americans in urban areas are the most likely to acculturate. Acculturation is a matter of degree. Perhaps the most obvious measure of acculturation is language, but it can also occur in the areas of cognitive style, personality, identity, attitudes, and acculturative stress (Berry 1980). In general, higher levels of acculturation to the general U.S. culture are related to increased substance abuse, reduced social support, and reduced levels of psychological adjustment. Psychological distress may result when Native Americans leave one culture but are not comfortable or accepted in the other (Conoley & Bryant, 1996). Examiners who work with Native American clients should be sensitive to the potential for clients to experience psychological distress related to pressures for acculturation.

Psychologists who work with Indian clients often use standard (etic) tests, possibly with a "correction" for culture. Moderator information indicates the extent to which the original culture of the client remains intact, and the extent to which values and behaviors of the dominant society have been adopted. An evaluation of the Native American client's degree of acculturation to the general U.S. culture should be done before any further testing is attempted (Thomason, in press).

Moderator variables can include socioeconomic status, education, intelligence, age, gender, personal history, rural or urban differences, and degree of acculturation. Cultural factors are often confounded with other variables. Ryan and Ryan (1989) developed the following pan-Indian (not tribe-specific) scale to assess the acculturation of Native Americans:

1. *Traditional*. The person thinks in their native language, knows little English, holds to the traditional values of the tribe, and participates in tribal ceremonies and religious practices.

2. *Transitional*. The person speaks both English and the native language in the home; the person questions tribal traditionalism but cannot fully accept the culture and values of the dominant culture. This person tends to feel some stress due to being pulled between the two cultures.

3. *Marginal*. The person feels unable to either live the cultural heritage of the tribe or identify fully with the general U.S. society. Of the five types, this person tends to have the most difficulty in coping with everyday challenges.

4. *Assimilated*. The person has embraced the general U.S. culture and values and is generally well accepted by the general U.S. society. This person feels comfortable in the general culture but not in their traditional tribal culture.

5. *Bicultural*. The person is accepted by the general U.S. society but also knows and accepts their tribal traditions and culture. This person moves fairly comfortably between the two cultures.

Pan-Indian indices of acculturation should be used in urban settings, with individuals of mixed tribal origins, or whenever marginality is suspected. However, it is preferable to use tribe-specific indices whenever they are available.

Research conducted in Oklahoma (Johnson & Lashley, 1989) found that only about 10% of the Native American college students who were surveyed fit in the assimilated category, with about 30% in each of the bicultural, traditional, and marginal categories. This contrasts with 75% of African American college students who consider themselves assimilated to the general U.S. culture.

In addition to the pan-Indian scale described above, tribe-specific acculturation scales could be constructed for each Native American tribe. An example of an informal, unresearched scale for Navajos follows:

1. What languages are spoken by the client's mother?
2. What languages are spoken by the client's father?
3. What language does the client use to speak to parents in the home?
4. How close do the parents live to the client?
5. What is the structure of the client's home? (e.g., hogan vs. U.S. standard?)
6. Does the client's home have utilities?
7. What is the client's source of income? (sheepherding vs. store clerk)
8. Where is the client's home located? (on reservation vs. urban area)
9. Does the client own livestock?
10. What is the religion of the client's parents? (traditional vs. Christian)
11. What is the client's religion?
12. Has the client or a family member been involved in a traditional healing ceremony in the past year?
13. Did the client grow up in a non-Indian foster home?

Native American clients who are highly acculturated to the general U.S. society may be treated in assessment and counseling the same as other clients. In other words, if the client is Native American by genetic heritage but does not hold Native American values, live on a reservation, speak a tribal language, practice the tribal religion, and so forth, then standard tests and counseling approaches are appropriate and have a good chance of being successful. However, it is essential to assess a Native American client's degree of acculturation before proceeding to use standard tests and procedures. Descriptions of several acculturation scales and further discussion of this

topic is available in Choney, Berryhill-Paapke, & Robbins (1995); Paniagua (1994); and Dana (1993).

General Issues in the Assessment of Native Americans

Diversity of Native Americans

A basic understanding of the diversity of Native Americans is necessary for vocational and psychological examiners. The federal government recognizes more than 500 Native American tribes, the states recognize many additional tribes, and still other tribes have not sought federal or state recognition. About 150 tribal languages are still spoken today among the approximately 2 million Native Americans who live in the United States, including Alaska and Hawaii (LaFromboise, 1988). Given such diversity of lifestyle, language, and geographic location, it is impossible to make generalizations that apply to all Native Americans.

1. Language differences. Obviously, tests that require a certain reading level cannot be administered to clients who do not read at that level. This can be a significant problem, particularly with open-ended questions. After an assessment of the client's degree of acculturation, the examiner should evaluate the client's reading level before proceeding with any further testing. If standardization is broken with a particular test, such as using a translator, the results must be considered suspect because the use of translators is not provided for in the standardization of most tests.

2. Non-verbal communication. There are many cultural differences regarding non-verbal and paralinguistic behavior that should be taken into account. Great caution should be used when attempting to interpret the nonverbal behavior of an Indian client. For example, a Native American client who avoids intense eye contact, displays little emotion, is not very

talkative, and behaves very modestly may very well be communicating respect and humility rather than reticence or resistance.

3. Expectations and beliefs. Due to the long history of understandable mistrust between Native Americans and Americans of European extraction, non–Native American evaluators face the challenge of establishing their trustworthiness with Native American clients. Clients who grew up in a remote rural area may be unfamiliar with the whole concept of testing and may think that it is intrusive and unhelpful. The client may need a thorough orientation to what testing is and how it can help, and reassurance that the information will be used only for the benefit of the client. If these assurances cannot be made, then the testing should not be done.

4. Evaluator-client similarity. Native American clients tend to state a preference for Indian evaluators and counselors, but research suggests that they are likely to perform as well with examiners who are culturally sensitive as with Native American examiners. With so few Native American examiners and counselors available, most Native American clients will be served by non–Native American people. Rapport between Native American clients and non–Native American evaluators can be enhanced if the evaluator subtly matches the client's nonverbal and paralinguistic behavior, thus increasing their similarity. The examiner may wish to spend more time than usual orienting the Native American client to the testing situation and engaging in rapport-building through small talk and possibly sharing food, such as coffee and a snack, as food sharing is so important in establishing relationships in Indian social life.

5. Client acculturation. Because clients may be anywhere on the continuum of acculturation, an assessment of acculturation is a prerequisite to further evaluation. Existing acculturation scales are still in a primitive

state, and further research should be conducted to develop acculturation scales with adequate psychometric properties.

Translations of Standard Tests

It is important to emphasize that the use of translated versions of tests is dangerous, because the relevance of psychological constructs may vary among cultures. Butcher and Pancheri (1976) advise examiners to ask several questions about translated instruments: Do the constructs of interest exist in the culture of the client? Is the format of the test meaningful in the client's culture? Is the test valid in the client's culture? Has the test followed appropriate translation procedures? Have the test translators kept the response format the same so that the scores can be interpreted accurately?

Potential Sources of Bias in Standardized Tests

There are several potential sources of bias that examiners who test members of different racial or ethnic groups should be aware of:

1. The test itself may not be designed to yield valid information when used with Native Americans.
2. The person using the test may be biased or may not be knowledgeable of (or sensitive to) the relevant cultural differences of Native Americans.
3. The very idea of testing may be alien to traditional Native Americans, and the idea of classifying people on quantitative scales may be contrary to their basic values, such as equality, cooperation, and the emphasis on the group rather than the individual.
4. Testing procedures may be biased if they emphasize factors that conflict with basic cultural values. For example, timed tests may penalize traditional Native American clients who are not accustomed to rushing through a task to appear competent. Without an orientation to the nature and purpose of the testing, a client might think that the test

results will be used against him or her, and thus may not be motivated to cooperate.

5. Tests may be used improperly. For example, an examiner might give a test to a Native American client without first assessing the client's acculturation level and reading level. An examiner might not establish sufficient rapport with a Native American client to achieve the client's full cooperation, and thus valid results. An examiner may make invalid interpretations of test results due to ignorance of important cultural factors.
6. Some people who see the test scores or reports may not understand them and may make inaccurate judgments about the client, especially if they are unaware of the cultural differences involved.

Psychological Diagnosis and Native Americans

European-American psychology focuses on individual psychology and individual health. From a traditional Native American point of view, the European-American focus on individual psychology is unhelpful, as there can be no real separation of mind, body, and spirit. The tribe or group is seen as more important than the individual, and an individual cannot be truly healthy if the group or tribe is not healthy. The Lakota Sioux word *tiospaye* refers to an extended self-concept that includes all family and extended family relationships that are necessary for survival (Conoley & Bryant, 1996). According to Grieger and Ponterotto (1995), "conceptualizing one's problems from a psychological point of view and having the construct of emotional disturbance as a part of one's interpretive lens generally assumes a Western Eurocentric world view" (p. 361).

Traditional Native Americans define health, illness, and disability differently from the European-American tradition. They may not see all physical illnesses as resulting from biological causes, and psychological disorders may not be as clearly differentiated as in the Western tradition. Native Americans may have a more spiritual understanding of illness, seeing it as disharmony or imbalance, and evil forces may be thought to cause both physical disease and psychological distress. Most traditional Native American tribal healers have a relatively small range of labels for causes of distress. For example, the Inuit traditionally said that there were five causes of distress: breaking a taboo, soul loss, object intrusion, spirit intrusion, and sorcery. More recently a few specific disorders of the Inuit have been named, including windigo psychosis, arctic hysteria, and ghost sickness.

By comparison, the Diagnostic and Statistical Manual (DSM-IV, 1994) of the American Psychiatric Association is 886 pages long and describes 396 different disorders. Most of European-American psychology is based on the assumption that causes of distress and specific disorders are universal among all humans. Not until 1994 did the diagnostic manual contain descriptions of 25 culture-bound syndromes and some general guidelines for multicultural assessment.

Of course, a traditional Native American label for a problem and a modern DSM-IV label can coexist. For example, stomach distress might be described as a spirit living in the abdomen by a traditional Native American healer or as an anxiety reaction by a modern psychologist. Each healer approaches the client's problem based on their own socialization, training, and world view. Tribal healers can be effective with many types of psychological distress, as can modern counselors and psychologists (Thomason, in press).

Issues in Clinical Diagnosis

Several issues should be understood before an examiner attempts to make a diagnosis of a psychological disorder in a Native American client: (a) The experience and expression of distress varies by culture. (b) Some disorders are universal, whereas others are culture specific. (c) With a culturally different client, if possible you should distinguish whether the disorder is a universal disorder or a culturally specific pathology. (d) Diagnostic categories do not necessarily have the same composition of symptoms in different cultures.

Depression in the traditional tribal members of the Standing Rock Dakota Sioux tribe cuts across conventional DSM categories and appears as a syndrome translated as "totally discouraged." This syndrome includes alcohol abuse, present deprivation, nostalgia for the past, a preoccupation with thoughts of spirits, ghosts, and death, thought travel to the ghost camp where dead relatives live, and an active wish to join these dead relatives by willing oneself dead or threatening or committing suicide.

As another example, mourning in traditional Hopi women includes depression and hallucinations of the recently deceased family members. This is culturally appropriate, so it is not considered psycho pathology.

The DSM-IV list of 25 culture-bound syndromes includes two that are specific to Native Americans. Ghost sickness is a preoccupation with death and the deceased, and is common in many Indian tribes. It is similar to the description of depression in the Dakota Sioux above. Various symptoms that can be attributed to ghost sickness include bad dreams, weakness, fainting, fear, anxiety, and hallucinations. *Pibloktok* is an abrupt dissociative episode accompanied by extreme excitement, often followed by seizures and coma, which is seen in Inuit (formerly known as Eskimo) people.

The fourth edition of the DSM is the first edition to put much emphasis on culture. It says that "it is important that the clinician take into account the individual's ethnic and cultural context in the evaluation of each of the DSM-IV axes " (1994, p. 843). It advises the clinician to write a narrative summary to address each of the following points:

1. Cultural identity of the individual: note the client's self-identification of ethnic or cultural reference groups. Note the client's degree of involvement with both the culture of origin and the general U.S. culture. Note the client's language abilities, use, and preference.
2. Cultural explanations of the individual's illness: note how the client describes symptoms and what the client thinks about their possible causes and meaning.
3. Cultural factors related to stressors, supports, and level of functioning.
4. Cultural elements of the relationship between the client and the clinician. For example, note differences in culture and social status.

Applying personality disorder criteria across cultures may be especially difficult due to wide variations in concepts of self, styles of communication, and coping mechanisms. For example, Native Americans may be especially vulnerable to misdiagnosis as having dependent personality disorder, due to cultural differences.

Suzuki and Kugler (1995) summarized the most important areas of concern regarding the assessment of personality and intellectual functioning with members of multicultural populations:

1. Inappropriate test content (e.g., items that reflect White middle-class values).
2. Inappropriate standardization samples (national norms may not apply to minorities).

3. Examiner and language bias (lack of rapport; unfamiliarity with the culture and language of clients).
4. Inequitable social consequences (score discrepancies between groups may reflect systemic problems rather than individual deficits).
5. Measurement of different constructs (a test may measure different things when used with people from different cultures).
6. Differential predictive validity (criteria for success may vary by culture).
7. Differences in test-taking skills (minority individuals may not be familiar with test-taking strategies).

Personality Assessment

The assessment of personality in culturally different clients is especially vulnerable to error and misinterpretation. Again, a common concern is that most modern research on personality is in the European-American tradition, and concepts about personality styles and disorders are not uniform across all cultures. According to Marsella and Pedersen (1981), "attempts to adopt personality tests to diverse cultures [are] unhelpful since they are less than adequate even in their culture of origin" (p. 145). Regarding counseling outcome research, they recommend the use of instruments that assess situation-specific behaviors rather than traditional personality traits, especially those measured by projective tests. Among their recommendations are "avoid standardized personality tests; avoid projective tests altogether; consider the use of symptom checklists; emphasize behavioral observations" (p. 145).

Several issues are relevant for the psychological examiner:

1. Although it may be very difficult, the examiner should make an effort to avoid confounding culture and personality.

2. There is always a danger of examiner bias. For example, the examiner may assume (inaccurately) that all Native Americans are pretty much alike; there may be positive or negative stereotyping of the client; the examiner may have an exclusively European-American world view and may not be knowledgeable about how Native Americans may see the world differently.
3. The major personality theories were developed by European and American males and are not necessarily applicable across cultures.
4. The standard interpretations of the results of personality tests cannot be applied to other cultural groups (at least, we have no evidence to justify doing so).
5. It is not sufficient simply to translate a standard test into an Indian language. Translation is especially difficult because Indian languages are not in the Indo-European language family. Also, there is no way to measure the adequacy of the translation. For example, there is apparently no word for "if" in the Hopi language, and no "if-then" linguistic structure in the Navajo language.
6. Miscellaneous influences may contaminate the interpretation of personality test results. An example is culture-specific response sets (e.g., the "Yes" set of many people who live in collectivist cultures, cultural differences in self-disclosure among many cultures, the length of time taken to formulate an answer to a question, comfort with silence, etc.).

Assessing Personality and Psychological Disorders

There are many methods available to assess personality and psychological disorders. Some of those discussed here include projective instruments,

inkblot and figure drawing techniques, objective instruments such as the Minnesota Multiphasic Personality Inventory, and many others.

Projective Instruments

Projective psychological methods are techniques in which individuals respond to ambiguous stimuli, such as pictures, inkblots, or drawings. Such methods are based on the assumption that the individual's responses reveal how they perceive the world; this can reveal aspects of their personality (Aiken, 1989).

As with all psychological tests, it is important for examiners to use specific tests with clients only if the norm group for the test included individuals from the client's culture. Unfortunately, the norm groups for most projective tests do not include an adequate sample of Native Americans. Also, the Native American client's degree of acculturation is an especially critical factor in projective assessment. According to Ritzler (1996), "when acculturation is minimal, much caution must be exercised in projective personality assessment or the psychologist must take the low degree of acculturation into account when administering the assessment methods and interpreting their results" (p. 121). It is also crucial to consider the influence of the client's language. Even highly acculturated clients respond to projective methods differently in their native language than in English (Dana, 1993). When acculturation is minimal, the influence of language is even larger. It is usually best to administer projective methods in the client's native language, even if the client speaks English as a second language (Ritzler, 1996).

It is interesting to note that some Native American diagnostic and healing techniques have at least some superficial similarity to projective personality tests, although the Native American techniques are used to diagnose physical illness. Silversmith (1993), a Navajo medicine man,

described star gazing and crystal gazing as "the Navajo X-rays"; after intense gazing at the stars or at a crystal, a detailed picture of the diseased organ within the patient is revealed. Fire listening, a technique in which the healer listens to the crackling of a wood fire for meaningful words, almost sounds like an auditory Rorschach-type test. However, a big difference is that the healer, rather than the patient, sees the images or hears the words, and there is no attempt to use the methods to assess the patient's personality.

Dana (1993) listed several criteria for the use of projective measures with multicultural clients (p. 174): (a) The stimuli should be culturally relevant. (b) The scoring should reflect variables that are culturally important for psycho pathology or problems in living. (c) Normative data should be available for the intended population(s). (d) The interpretation of findings should make use of information available within the living contexts of intended clients to amplify and verify the meanings of the scoring variables. (e) Culturally relevant personality theory should be used to ensure that the data provided by scoring variables constitute a sufficient basis for personality study. (f) There should be substantive validation literature, including case studies.

Inkblot Techniques

Methods that use inkblots present the stimuli cards to the client, who is asked to indicate what the inkblot might be. Inkblot techniques that have been used cross-culturally include the original Rorschach Method (Rorschach, 1921) with Klopfer or Beck scoring, the Exner Comprehensive Rorschach (Exner, 1990; 1993), and the Holtzman Inkblot Test. The Rorschach has been defended based on the idea that the test stimuli are sufficiently ambiguous to eliminate cultural bias (Ritzler, 1996). It may be that the inkblot stimuli and the symbolism of responses are universal, but the scoring system and the psychoanalytic personality theory at its foundation were products of a

Eurocentric self-action model, which may be culturally inappropriate when applied to Native Americans. The cross-cultural validity of inkblot techniques is especially questionable when used with members of non literate societies and cultures with very different world views (Dana, 1993). The Exner system for the Rorschach has no special norms for different cultural groups or for Native Americans.

Some interpretive errors have occurred when the Rorschach is used with Native Americans. For example, an Apache medicine man received a diagnosis of a character disorder, with oral and phallic fixations, with hysterical dissociations. But according to Dana (1993), the medicine man's responses simply reflected a different world view, a holistic view in which everything is related to everything else; his responses were suffused with symbolism, nature, magic, and the supernatural. For example, in response to Card 1, the client said "the birds of the cloud, an enemy in the cloud, a giant bat, he resembles the traveling star" (Dana, 1993, p. 157).

Other psychologists think that the Rorschach can produce useful information about Native American clients, especially those who have significant experience in urban areas, rather than mainly in rural or reservation areas (Horan & Cady, 1990). The Rorschach has the advantages of being simple, nonthreatening, and untimed, and does not require reading or writing skills. The usefulness of the Rorschach with Native Americans depends in part on the degree of acculturation of the client, with highly acculturated clients performing similarly to non–Native American clients.

It is quite possible that the basic projective data obtained from the Rorschach may be contaminated when English is the client's second language or when an interpreter is used (Dana, 1993). Typically Native American clients give only a small number of responses, which restricts possibilities for

interpretation; an examiner often gets 15–20 responses with Native American clients, compared to 28–32 for Anglo-Americans. De Vos and Boyer (1989) said that the Rorschach can be used with Native Americans to examine modalities of thought and emotional control, but they stressed the need for flexible interpretation and did not recommend quantitative analyses of percentages or ratios in interpretation. They emphasized that what is considered normative in one culture may be aberrant in another. Because of the many difficulties, the Rorschach cannot be strongly recommended for use with Native Americans who are not acculturated, at least until more research is conducted that validates such use.

Picture-Story Techniques

Thematic apperception methods usually present the client with several pictures depicting people engaged in an activity, and the client is asked to tell a story about each picture. The oldest and most used such method is the Thematic Apperception Test (TAT; Murray, 1943). Some other culture-specific picture-story techniques have been developed to evoke stories from clients based on the original TAT.

Henry (1947) adapted the TAT for use with Native American children, and advised that the following criteria should be met: (a) The pictures should be culturally relevant to the local tribe. (b) Scoring should reflect variables that are culturally important regarding psycho pathology or problems in living. (c) Normative data should be available for the intended population. (d) The interpretation of findings should make use of information available within the living situations of clients to verify the meaning of the scoring variables.

These techniques have not generated an appreciable research literature regarding their use with Native Americans. One consideration with picture-

story techniques is that they rely on clients to be highly verbal, and some Native American clients do not give very lengthy or detailed responses. Horan and Cady (1990) state that the TAT is not particularly useful in the routine assessment of Native American clients unless they are highly verbal and fluent in English.

The Tell Me A Story Test (TEMAS) is a thematic apperception method for children and adolescents that has one form for Whites and another form for Hispanics and African Americans (Constantino, Malgady, & Rogler, 1988). There are no picture-story tests for use with all Native Americans. However, there are culture-specific sets of picture cards for the TEMAS for several Native American tribes: the Menomini, Navajo, Sioux, Northern Cheyenne, and Eskimo (Dana, 1993). However, there are no culturally appropriate scoring or interpretative systems for these sets of pictures, so it is impossible to really know what the results mean. Only examiners who are very familiar with the specific tribe of the client should use the culture-specific picture card sets. The TEMAS is generally considered adequate for use with Hispanic-American and African-American children and adolescents, but not for Native Americans.

Figure Drawing Methods

When used with Native American clients, it is hazardous to apply existing scoring systems for human figure drawings to assess intelligence and personality. Dana (1993) recommended that they be used without reference to formal scoring systems, or with culture-specific scoring and local norms. Ritzler (1996) advises against the use of figure drawing methods and the Bender Gestalt Test (Bender, 1938), given their lack of reliability and validity for personality assessment.

Objective Instruments

The *Minnesota Multiphasic Personality Inventory* (MMPI) has often been used with Native Americans in the past, but studies have suggested that routine use may be inappropriate, as it is possible for culture to override psycho pathology. In one large study of Northwest Coast, Plateau, and Plains Indians, regardless of diagnosis, the MMPI profiles were all similar, with significant elevations on the F, 4 (PD), and 8 (Sc) scales; another study found that the use of the MMPI with Ojibwa and Cree Indians resulted in significant elevations on all clinical scales, resulting in a 50% misclassification rate (Dahlstrom, 1986).

The norm group for the original MMPI was a group of middle-aged, White, rural, married, semi-skilled people with an eighth grade education who were sitting in waiting rooms in hospitals in Minnesota (Dana, 1993). Administering the original MMPI to people very different from the members of the norm group would result in questionable validity. Because of the limited nature of the norm group, the validity of the MMPI in cross-cultural settings has been questioned, and this led to the development of the revision called MMPI-2 (Zalewski & Greene, 1996). The MMPI-2 enlarged the number of culturally diverse people in the norm group to more accurately reflect the current U.S. population. Less than 1% of the MMPI-2 standardization group consisted of Native Americans. This is close to the proportion of Native Americans in the total U.S. population, but it is difficult to believe that such a small number of Native Americans would be representative of Native Americans in general.

Research that examined the MMPI-2 scores and profiles of Native Americans and African Americans indicated no substantial mean differences between these samples and the general normative sample. The researchers

concluded that the MMPI-2 norms apply equally well regardless of ethnic group background (Butcher & Williams, 1992). The MMPI-2 manual provides specific means and standard deviations of scale scores for each ethnic group and gender (Hathaway & McKinley, 1991).

Some of the research on Native American–White differences on the MMPI indicates that normal Native Americans tend to score higher on the clinical scales than their White counterparts. However, one large study found no significant differences on the structure of the validity and clinical scales across several racial groups, including Native Americans (Bernstein, Teng, Grannemann, & Garbin, 1987).

It should be noted that the MMPI requires an eighth grade reading level, which will eliminate some clients. Zalewski and Greene (1996) concluded that "empirical results related to the validity of the MMPI for use with Native American populations are sadly lacking" (p. 98). According to Horan and Cady (1990), "the MMPI and MMPI-2 are not recommended for use with Indian clients unless they are highly acculturated to mainstream Anglo society" (p. 11), due to the length of time required, the frequent misunderstanding of questions, and clinical elevations on the SC, SI, and PD scales due to cultural reasons.

According to Dana (1993), "the MMPI and MMPI-2 should not be used with Native Americans without local or tribe-specific norms and a provision for examining the obtained profiles against independent collateral data of community origin" (p. 214). Dana points out that the MMPI can only be used if the client is similar on relevant demographic variables to the standardization population and speaks English as a first language. Thus, the Native American client would have to be of middle-class status as defined by occupation and education, as well as having a world view similar to that of

Americans of European descent, which is a description of a highly acculturated Native American.

Overall, the MMPI cannot be recommended for use with Native American clients. Use of the MMPI-2 is more defensible, but only with Native Americans who are highly acculturated, who have primarily European-American middle-class values, and who speak English as their primary language. Preferably, there should also be local or tribal norms, but these are rare. The client should be assessed for acculturation level and reading level before using the MMPI-2. If the MMPI-2 is used, it might be helpful to look at how Native American clients respond to the critical items, even if the examiner ends up not using the overall results. Unusual responses to critical items (and also items on religious or spiritual topics) should be discussed and clarified with the client. Computer-generated reports should not be used because they are not sensitive to the complexities of the multicultural assessment process (Suzuki & Kugler, 1995).

Puente (1990) recommended not using the MMPI with ethnic minority clients at all, due to the lack of sufficient understanding of ethnic differences or how to apply that understanding to the interpretation of scores. In general, it is unwise to administer etic (universal) instruments to Native Americans unless they are highly acculturated and have primarily European-American values.

Other Instruments

The Schedule for Affective Disorders and Schizophrenia (SADS) has been used with Hopi people, with 74% inter-rater agreement for several major diagnoses and 100% agreement for major affective disorders. It has also been used with Plains, Plateau, and Pueblo Indians (Dana, 1993).

Two other interview schedules are the Structured Interview of DSM Personality Disorders (SIDP) and the Diagnostic Interview Schedule (DIS). These schedules omit cultural references entirely, but the DIS is not very easily used with Hopis because of the language barrier, as Hopi is an unwritten language. For example, one item on the DIS that combines the concepts of guilt, shame, and sin was seen as three separate concepts by the Hopi informants. Overall, there are not enough data to justify the use of these instruments with Native Americans (Dana, 1993).

The Center for Epidemiological Studies Depression Scale (CES-D) is a 20-item self-report measure. From the limited research on this scale, it appears to overpathologize Native Americans. However, the Inventory to Diagnose Depression (IDD) is generally considered an adequate inventory for use with Native Americans (Dana, 1993).

Regarding the Beck Depression Inventory, the Zung Rating Scale for Depression, and other standard depression scales, there is insufficient evidence to recommend them for general use with Native American clients. However, some authors (e.g., Horan & Cady, 1990) use certain tests for program planning for certain Native American clients, including the Beck Depression Inventory, the Suicide Probability Scale, and the Western Personality Inventory. Other authors recommend the use of symptom checklists with Native American clients rather than standardized tests, depending on the degree of acculturation of the client.

Assessment of Alcohol Usage

Alcoholism rates for American Indians are at least twice the rate for the general U.S. population, with even higher rates of relapse, recidivism, cirrhosis, and alcohol-related accidents, suicide, and homicide (Silk-Walker, Walker, & Kivlahan, 1988). Schare and Milburn (1996) recommend the use of three instruments that seem to minimize cross-cultural problems, although specific cultural norms are not available, and they are susceptible to biased responding. The four-item CAGE questionnaire is for brief screening and can be administered orally as part of an interview. The MODCRIT, which is a modified version of a longer form of the criteria for the diagnosis of alcoholism, is valid and reliable with a variety of populations. The Michigan Alcoholism Screening Test (MAST) is one of the best-known screening instruments, with 25 items. Schare and Milburn (1996) also reviewed several subtle screening instruments.

Dana (1993) recommended a modified version of the MAST called the BMAST, as it has been used effectively to assess Native American clients for alcoholism. The Alcohol Use Inventory is a 147-item self-report instrument that is reasonably effective with Native Americans. The Alcohol Dependency Behavior Inventory (ADBI) reliably identifies Native American clients who are alcoholic versus non-alcoholic, and also distinguishes between nondrinkers and moderate, heavy, or abusive drinkers.

Assessment of Intellectual Functioning

The definition of intelligence and the measurement of intelligence are much-debated subjects; these issues are described elsewhere and will not be addressed here. Likewise, the subject of intellectual assessment across cultures has been reviewed (Suzuki, Vraniak, & Kugler, 1996), so the present focus is

on the assessment of intelligence and cognitive functioning in Native Americans.

Many variables can have a significant influence on the intelligence test scores of examines, including socioeconomic status, educational attainment, health factors, residential and regional differences, language, and acculturation. It has been suggested that bilingual individuals should be tested in both languages (Rogers, 1993), but there are many problems in using translated instruments. For example, direct translations of tests may not be possible because psychological concepts may not have the same relevance in all cultures, and the use of translators and interpreters may not produce equivalence of meaning (Suzuki, Vraniak, & Kugler, 1996). Native Americans tend to be less verbal than Whites and place more emphasis on nonverbal communication, which can affect test results (McShane & Plas, 1984). In addition, very few psychological tests have been translated into Native American languages.

The standardization samples of most standard intelligence tests include some people from each of several racial or ethnic groups. Research has shown that group differences can be minimized by careful matching on sociodemographic variables, but factor invariance has not been demonstrated for Wechsler tests when used with Native Americans; the number of factors differs, and the factorial structure pattern also differs. So these tests apparently measure the construct of intelligence somewhat differently across cultural groups (Dana, 1993). On the average, Native American children obtain relatively low scores on tests of verbal intelligence, resulting in a performance-test/verbal-test discrepancy similar to that of Hispanic Americans and other groups whose first language is not English (Neisser, et al., 1996).

Standard intelligence tests are based on theories of intelligence that remain Eurocentric in their construct composition. According to Jensen (1980), the main standard intelligence, aptitude, and achievement tests are not psycho metrically biased for native-born members of English-speaking minority ethnic groups in the United States, and the non-verbal standardized tests are not psycho metrically biased even for the non-English-speaking members of minority ethnic groups. However, such tests may be biased in the sense that test results reflect differences in culture and concepts or cognitive styles, which may be valued differently in different cultures.

Numerous studies of the Wechsler Adult Intelligence Scale – Revised (WAIS-R; Wechsler, 1981) suggest that it is valid and reliable when used appropriately with members of different ethnic groups (Kaufman, 1990; Sattler, 1988). However, there may be significant intertribal variations (Suzuki, Vraniak, & Kugler, 1996). The WAIS-R can be recommended for use with adult Native Americans who have English as a first language. The WAIS-R performance scale can be used for Native Americans who have English as a second language or with Native Americans who are traditional and not highly acculturated to the general U.S. culture. Examiners should keep in mind Dana's (1993) caution that the Wechsler intelligence tests do not have factor invariance for Native Americans.

Some psychologists contend that the WAIS-R is a good predictor of academic performance (but not intelligence) for Native Americans. The performance scale is generally considered good for obtaining an estimate of ability to learn. For an estimate of intelligence, some examiners use the Block Design and Object Assembly subtests of the WAIS-R. Horan and Cady (1990) recommend the use of the performance subtest of the WAIS-R with Native American adults because some of the verbal subtest items (especially general

information and social comprehension) are not culturally relevant to Native Americans.

The Wechsler Intelligence Scale for Children – Third Edition (WISC-III; Wechsler, 1991) apparently predicts academic achievement fairly across ethnic groups. The WISC-III developers used a panel of minority experts to review the scales for bias, and an item analysis was conducted with a sample of minority children. The standardization sample, which reflects the 1988 U.S. Census, includes representative numbers of many ethnic groups, including Native Americans (Suzuki & Kugler, 1995). However, it is still best to develop local norms for particular samples such as specific Native American tribes (Suzuki, Vraniak, & Kugler, 1996).

Despite improvements in the third edition, the WISC-III still has many items that some psychologists consider irrelevant to Native American children who live in rural areas. McShane (1989) made several good suggestions for adaptations in the testing process that can help ensure valid results with Native American children. These suggestions were restated and discussed in Suzuki, Vraniak, and Kugler (1996).

The Kaufman Assessment Battery for Children (K-ABC) was developed, in part, for minority group assessment. It is meant for use with children age two to twelve and a half. The intention was to have the test be useful for children with limited English proficiency. The K-ABC is well suited for use with children who have hearing impairments, speech or language disorders, or learning disabilities, and with children who are non-English speaking or limited in their English, or who speak nonstandard English (Harris, Reynolds, & Koegel, 1996). It has good standardization, with norming better than for the Wechsler intelligence tests, and is probably the preferred intelligence test for use with Native American children.

The System of Multicultural Pluralistic Assessment (SOMPA; Mercer, 1979) was developed to attempt to adjust scores on intelligence tests such as the WISC-R in accordance with demographic, social, and linguistic characteristics. Reviews of the SOMPA have been negative regarding its psychometric qualities. It confuses culture and social environment, and construct equivalence has not been examined (Dana, 1993). Native Americans were not included in the standardization process, so the use of the SOMPA with Native Americans is not recommended.

Nonverbal instruments such as Raven's Standard Progressive Matrices (SPM; Raven, 1989) are sometimes used with clients from other cultures because they rely on language less than other instruments. The SPM is one of the most widely used instruments to estimate the non-verbal intelligence of culturally different clients. Horan and Cady (1990) recommend the use of the SPM to get an estimate of the Native American client's nonverbal cognitive functioning; Raven scores correlate well to WAIS performance IQs. However, Puente (1990) has stated that there is little evidence that the Raven is less ethnically biased than the WAIS-R. Sattler (1988) called the SPM a "culturally reduced" test, but said it does have some cultural loading and is thus "neither culture fair nor culture free" (p. 579). The SPM can be used cautiously with Native Americans, but the results should be combined with the results of other evaluation methods.

Assessment of Interests, Abilities, and Aptitudes

The standard interest inventories, such as the Self Directed Search (SDS) and the Strong Interest Inventory (SII), can be used effectively with Native American clients depending, as always, on the client's acculturation level and reading level. Leung (1996) cited evidence for the concurrent validity of the

SII with Native American clients, but recommended that local norms be developed for use of the SDS with Native Americans.

The Wide Range Achievement Test (WRAT) is recommended to get a quick and accurate measure of academic abilities, and the reading subtest of the WRAT can be used to see if the client has an adequate reading level to take other tests. Generally, clients need to be able to read at the sixth grade level to take most psychological and vocational tests, but each test manual must be consulted to determine the required reading level.

The General Aptitude Test Battery (GATB) can be used effectively with Native American clients to assess many basic skills if the client has at least a sixth grade reading level. The use of standard work sample systems such as VALPAR is also recommended with Native American clients.

Other Recommended Assessment Tools

The following instruments and methods have been suggested by various authors for use with traditional Native Americans who have culturally intact world views, self-concepts, and behaviors: Kelly's Role Construct Repertory Test; the Q-Sort method of Stephenson; semantic differential instruments; questionnaires, interviews, and interview schedules; problem checklists or rating scales; life histories or case studies; and life events checklists (if local norms are available).

CONCLUSIONS

Several psychologists have made recommendations on how to conduct psychological assessments with Native Americans. Based on their experience with many adult clients from several Arizona tribes, Horan and Cady (1990) recommend that the examiner provide the client with an orientation to the

evaluation process, using non-technical language and describing the examiner's past experience with Native Americans. The examiner should help the client understand how the evaluation can be helpful, perhaps describing how other Native American clients have benefited. An extended period of rapport-building may be necessary, and frequent breaks with refreshments can help make clients comfortable, as can the judicious use of humor. Many other useful suggestions can be gleaned from the literature. An annotated bibliography of published articles on the assessment of Native Americans is available in O'Connell (1986).

An overview of the use of vocational and psychological evaluation with Native Americans suggests a mixed picture. Vocational evaluation is often successful with Native American clients; psychological evaluation is more problematic. The focus on interests and skills in vocational evaluation is relatively straightforward, whereas the focus on personality and psycho pathology in psychological evaluation is more likely to confront cultural differences that call into question the validity of standard psychological tests. However, the examiner who is knowledgeable about cultural differences in Native Americans has a good chance of conducting a valid and reliable assessment.

Examiners should begin an evaluation with a rapport-building session, followed by assessment of the client's acculturation and reading levels. Then the examiner can make a reasoned judgment regarding what tests can be used to have the most likelihood of obtaining information that the client will be able to use to make decisions. The examiner must keep in mind that the primary purpose of the assessment is to assist clients in making their own decisions regarding their futures. As further research is conducted on the use

of assessment tools with Native Americans, the validity and value of such testing will increase.

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